

and it is noticed in this series 33 times, i.e., about 10 per cent. In the cases in which it is severe, the secretion is free and purulent, and the result is excoriation of the nostril-edge and often a kind of impetigo on the upper lip and the adjoining parts, as well as infection of the nail edges of the fingers.

*Tonsillitis*.—It happens often that, after the throat has begun to get better, and the attack to disappear, an exacerbation of the infection occurs, which may partake of many of the characters of tonsillitis or which may be merely pharyngitis. I have seven such cases, to which I add eight others that I have called stomatitis. This infection of the entire mouth is one of the most dreadful complications of the disease; the throat becomes dirty, the tonsils ulcerated, muco-pus streams down from the nasal vault, the lips are eroded and fissured, the mouth can be but slightly opened on account of the lips, which bleed, and may be herpetic or impetiginous as well; the tongue is coated, the breath foul, and, in my experience Klebs-Loeffler bacilli are not present. Five minutes after washing the mouth, the child is once more drooling thin bloody slime from the half shut lips. The systemic disturbance is great and the toxic state of the patient extreme. One of these cases became a real noma in its clinical features; and yet another made a tragic end by erosion of the tonsillar artery. This unusual accident occurred in a boy of six years, on the 20th day after the onset of scarlet fever; the attack had really appeared to pass off, but about the end of the second week, secondary infection of the mouth and throat appeared, grew bad, then better. The day before death, and the third day before, cultures failed to find diphtheria bacilli; the child was apparently getting well, when hæmorrhage began from the nose and mouth; death occurred in about two minutes, without much external bleeding. At autopsy the stomach was full of blood, and the cause was determined as above. What bacterial examinations we have made generally show streptococci among other forms, and in all the severe cases, I have tried antistreptococcus serum; I am afraid I have not given it a fair trial, because too often it is not administered till the case is desperate, or at least well advanced. Peritonsillar abscess occurred once.

*Tracheitis* occurs frequently, no doubt often allied with a slight degree of bronchitis; it will be evidenced by cough and expectoration; as an exception, thoracic examination may disclose crepitations. Seventy-eight cases (24 per cent.) fall in this category. Aphonia occurred thrice, once after diphtheria, and twice in neurotic girls.

*Pneumonia*.—Four cases showed this, one of them having appeared to catch scarlet fever while suffering an attack of lobar pneumonia; though